NOTICE OF FORM CH	DATE 06/03/2004							
To: County Welfare Di Supply Clerk / For		FROM:	FROM: Forms Management Unit (916) 657-1907					
☐ Community Care Licens ☐ Private and Public Adop	•	☐ District A ☐ Other	attorney					
Listed below is information re This notice updates your Dep								
FORM NUMBER AND TITLE CA 800 I	FC FED ADJ (5/04) CA 8	300 FC FED Adjustmer	nt Worksheet					
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT ☐ Yes ☐ No				
New ☐ Revised Date of Form Form Feplaces ☐ Obsolete								
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Perm	itted With Prior DSS A	pproval	Recommended Form				
UNLESS OTHERWISE SPECIFIED STO Department of Social Servi P.O. Box 980788 West Sacramento, CA 9579	ices Warehouse	Other	.					
	FORMS DISPOSIT	TION AND SPECIAL II	NSTRUCTION	S				
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Destroy						
USE NEW FORM When supply available in	n DSS Warehouse	⊠ Use new form	n effective	immediately.				
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify) C	ounty Fiscal Letter No. 0	3/04-55						
Additional information regarding for Attached is a Reproducible (
This is a Mississific	Second also consent and the Oct	a callable as the Elice		D Atamatad				

This is a Microsoft Excel document and is the available on the Financial Services Bureau Automated Assistance Claims Webpage.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

CA 800 FC FED ADJUSTMENT WORKSHEET LINE 12 - AID CODE 42

County:	
Date:	

		(A)	(B)	(C)	(D)	(E)	ınt				(F)	(G)	(H)	(I)
# 0	Audit #	Placement	CWS/CMS	Payment System	Date Adjustment	Date Adjustment	nplia	Not 42	Closed	er	Number of Months out of	Claiming Month	Amount of	
Item #	Aua	Date	Aid Code	Aid Code	Begins	Ends*	Compliant	Not	Clos	Other	Compliance	for Adjustment	Adjustment	Comments
1														
'														
2														
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12														
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14														
15														

Total Amount Adjusted

CDSS Use Only:

Approved By	Date

*Check Reason in next boxes and include explanation in comment section.

CA 800 FC FED ADJ (5/04)